

RESPIRATOR FIT TEST DATA COLLECTION FORM

Name: _____
(last) (first) (mi)

Employee ID #: _____ Date: _____

Years Experience With Respirator: _____ Frequency of use: _____

Respirator Currently Using: _____

SENSITIVITY TEST RESULTS:

Type of Test	Run and Passed	Run and Failed	Not Run
Irritant Smoke			
Isoamyl Acetate			

QUALITATIVE TEST RESULTS:

Type of Test	Run and Passed	Run and Failed	Not Run
Positive Pressure			
Negative Pressure			
Isoamyl Acetate			
Irritant Smoke			

RESPIRATOR SELECTION:

Type	Manufacturer	Model	Size	Pass	Fail

COMMENTS: _____

Instructor's Signature (date)

Employee's Signature (date)